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TWO CASES OF STRANGULATED INGUINAL HERNIA.

[Under the care of Mr. LE GROS CLARK and Mr. QUAIN, at St. Thomas's Hospital, London.]

ALTHOUGH there is some difference of opinion amongst surgeons as to the propriety of opening the sac in the operation for strangulated hernia, we are confident that the peritoneal investment is never laid open, except the surgeon conscientiously thinks the measure necessary. But even when this necessity is most manifest, there may be some apprehension in the mind of the operator, who is apt to ask himself whether he is not, by laying bare the intestine, jeopardizing his patient's life?

Now, it must be evident to those who see a great many of these operations, that the opening of the sac, and even the decidedly dark color of the bowel, are, to say the least of it, pretty often followed by favorable results. Of course, we are only stating a general impression, and know full well that accurate statistics are indispensable for settling the question; but we are nevertheless anxious to select from the numerous cases which come under our cognizance, a few, which may tend to allay certain fears which operators might experience. For ample information on the subject, we beg to refer to Mr. Hancock's excellent monograph "On Petit's Operation." Here follow Mr. Clark's cases, as noted down by Mr. Tyrrell, house-surgeon to the Hospital.

CASE I.—James B——, a railway porter, aged 24 years, was admitted into Henry's ward on October 11th, 1854. The patient states that he has always been subject to a small swelling in the right side of the scrotum, which caused him no pain or anxiety. The tumor was, at times, increased by another swelling, which appeared occasionally in the groin; but the hernia never stayed down long, and could always be returned without giving him any pain or inconvenience.

On the night before admission, his bowels were open freely and the man retired to bed as usual, there being no swelling in the groin beyond that which was constantly there. He was, however, woke rather earlier than usual by uneasiness in the abdomen, when he found the swelling in his groin larger than he had yet noticed it. It, however, did not arouse any fear in his mind; but, as the pain continued, he went to a surgeon, and, complaining only of abdominal pain, was ordered some simple purgative. This made him sick, but produced no motion; he therefore went again, and mentioned the tumor, which the surgeon tried

in vain to return. He was then sent to the Hospital, which he reached about 1 o'clock.

On admission, the patient was found to have a swelling, about the size of a turkey's egg, occupying the position of an inguinal hernia. He was complaining of great pain in the belly, there was sickness, his pulse was weak, and his tongue a good deal coated. Attempts were made, by taxis, to reduce the hernia, but without effect. Ice was then applied until half past six, P.M., when, after another attempt at reduction by taxis, Mr. Clark decided on immediate operation.

It was accordingly proceeded with in the usual manner. After dividing the integuments, some smart hemorrhage took place, and three arteries required the ligature. On arriving at the peritoneal investment, an attempt was made to return the contents without opening the sac, but this was found to be impossible, from the stricture existing in the neck of the sac itself. The latter was accordingly opened, and a considerable quantity of fluid, not exactly resembling the serum usually found in hernial sacs, escaped. This was the fluid of a hydrocele. The gut was found to be of a dark claret color; there was a large quantity in the sac (five or six inches of intestine); and it was, after some little delay, returned into the abdomen. The testicle was found in the sac, proving the hernia to have been of a congenital nature. The wound was now dressed, the patient returned to bed, and at half past 8 he was fast asleep with the chloroform; at 12 he woke, and, as he did not feel inclined to sleep, he had twenty drops of laudanum.

The next morning the patient was all the better for his sleep, though he had some little pain in the head. The bowels had not been opened in the course of the day; he had some slight pain in the abdomen, for which he was ordered to take, every sixth hour, two grains of calomel and a quarter of a grain of opium.

No evacuations took place until about half past 2 the following day, forty-three hours after the operation. The man was now perfectly relieved, and suffered afterwards no pain. From this time he continued to improve, and went out of the Hospital with the wound quite healed up.

**CASE II.—Richard B——**, a paper-maker, aged 39, was admitted into Henry's ward, on October 10th, 1854, under the care of Mr. Clark. The patient gives the following account:—

He has had a rupture on the right side for twenty-five years, and on the left for fifteen years. Has worn a double truss for five years, previous to which time he had not used any apparatus. About a twelve-month before admission here, the rupture on the left side came down, and he was unable to return it for some little time. Previous to, and after this, he had had no trouble with either rupture. His work is heavy, and he does a good deal of lifting, &c. In the afternoon of the day which preceded admission, while in bed and asleep (he works at night), the right rupture came down further than he had ever known it come before. This circumstance woke him up, though the swelling did not pain him much for about half an hour after its descent. At the expiration of that time, however, he had a great deal of pain in the re-

gion of the umbilicus, and felt after this very sick. The straining consequent on his retching made, he says, the tumor become larger.

He now sent for a surgeon, who put him in a warm bath, and used taxis for some time, without success. He continued very ill all night, but his bowels were very slightly opened once this morning previous to his admission. Finding himself getting worse, in the morning he started for the Hospital, and was admitted at 10, A.M.

A tumor was seen in the right groin, the size of a large turkey's egg; it was very tender on pressure; and the man had also some little pain in the abdomen. Mr. Clark tried taxis for about a quarter of an hour, after which the patient was sent to bed, and ice applied to the tumor.

At 3 o'clock, Mr. Clark again applied taxis, without success; he therefore obtained the patient's consent to an immediate operation.

The latter was performed in the usual manner. Mr. Clark opened the sac, which was found to contain a large quantity of serum tinged with blood. The intestine, of which there were six or seven inches, was deeply congested, but otherwise unaltered. After the operation, the wound was dressed, and the patient removed to bed. He was ordered thirty drops of Battley's sedative.

The patient was a good deal troubled with flatus for some days, especially after the operation; it proved very annoying and painful, and resisted all methods of alleviation. The next day (October 11th) the bowels were not open; Mr. Clark therefore ordered some castor oil with a little laudanum, and also an enema. No result was obtained, but three enemata were given in the space of forty-eight hours, to get the bowels open and relieve the flatus.

As these lesser means proved futile, he was ordered, on the third day, four grains of calomel and half a grain of opium, to be taken in the evening, and some castor oil in the morning, if necessary.

The calomel produced four evacuations during the night; after this, however, the painful distension from flatus continued for some days, though in a less degree. The patient, however, continued steadily to improve, and was soon discharged in very good condition.

In making a few remarks on these cases, Mr. Clark stated that they presented certain points of contrast, and others of resemblance. In each the hernia was large, and occupied the scrotum; the duration of strangulation was short, and the symptoms were urgent. In each case the internal ring *seemed* to be the seat of stricture, but really had little or nothing to do with it, the neck of the sac itself requiring division before the intestine could be returned. In both the gut was of a port-wine color, and the relief, on division of the stricture, immediate. Further, in each case the chief suffering was referred to the umbilical region, and but little complaint was made when the tumor was handled. One other point of similarity was remarkable, because rare. In both instances the rupture descended whilst the patients were *recumbent*, and without any conscious effort on their part.

As points of contrast it may be remarked, that in one case the hernia was an old one, and usually descended into the scrotum; in the other, which was congenital and complicated with hydrocele, it would appear

that the rupture had not before protruded beyond the internal ring, or very slightly so. This fact accounts for another point of contrast observed during the operation. In the old rupture, the seat of stricture (the neck of the sac) was low down, dragged, as it were, to the mouth of the inguinal canal, whilst in the recent hernia it was high up, out of sight, and reached with difficulty. In neither case could any untoward symptom be referred to the opening of the sac and necessary exposure and handling of many inches of intestine.—*London Lancet.*

#### ON THE SEPARATION OF THE SEXES IN LUNATIC ASYLUMS.

BY JOHN M. GALT, M.D.

At the present time, when the wants of the insane are so generally recognized and enforced, we can but view it as desirable that particular attention should be directed to every subject in connection with establishments devoted to the care of these unfortunates; for the efforts of those acquainted with the exact nature and characteristics of insanity, which formerly could not be more profitably bestowed than in persuading the public to make due provision for the hapless lunatic by the erection of asylums, may now be given very suitably to attempts at improvement in the construction and management of these charities.

We regard the separation of the insane, so that only those of one sex shall be admitted into any asylum, as a subject of sufficient importance to occupy the attention of all who are interested in the amelioration of the lot of those laboring under the dire calamity of mental alienation.

The primary disadvantage, under the ordinary system, of having both sexes in the same establishment, is two-fold. First, the necessity of keeping the two classes strictly apart demands the most ceaseless vigilance on the part of the officers—a vigilance, too, which must be deemed entirely superfluous—time, indeed, completely thrown away, when we reflect that it is not at all necessary to include males and females in the same institution. Now, there is fully enough to occupy the minds of officers without having their attention engaged in so ridiculous and utterly useless a train of thoughts. Second, not only are these precautions requisite, but the liberties of both orders of patients are essentially abridged by the necessity of keeping them altogether apart. In discussing the question of permitting a modified social intercourse between the insane of the two sexes, Dr. Woodward has asserted that he disagreed with Jacobi in regard to the adverse views of the latter. But, whether he be right or wrong, it must be manifest, on reflection, that such association had a great deal better take place, in either case, with sane persons of the opposite sex than with the insane. And this, which we esteem, indeed, a desirable arrangement, like other improvements, as we shall show hereafter, is diametrically opposed to the existing policy of having males and females on the same premises.

But again, the circumstance of a variety of officers of different sexes being attached to the same establishment has led, we are confident, to far more bickering and strife than would otherwise have occurred:

such diversified interests and such conflicting views ensue, that every board of trustees will find a difficulty here. This is a fact so well established, that we could quote more than one writer to that precise effect. And it must be remembered, too, that all evils of the kind are not only unattended by any counterbalancing advantage, but, as merely appertaining to the present false system, cannot be deemed an intrinsic constituent of the incidents attending the management of the insane.

But, moreover, besides this clashing of opinion to which we have referred as very liable to cause strife and confusion, still greater difficulties attend the management of a promiscuous crowd of male and female attendants. We need not enter into minutiae here, but the evils of this admixture are felt in asylums generally, and have often been deprecated. In truth, aside from their relation to each other, the relation of attendants to patients of the opposite sex is sometimes a perplexing matter; and for this reason alone we would urge the proposed change, especially when the opposite is alike feasible and advantageous.

When we look to the principles of progress, we find that the present system causes us to cling to all the obsolete practices and ideas of the past. The moment any new endeavor is to be made, if it suits one side of the house, it is just as likely as not to prove unsuitable to the other. Saying nothing as to the freedom of action with regard to all experiments, which would be acquired by a different plan, the very fact that the minds of the officers would be released from a number of cares and apprehensions, would give a wonderful impetus to their further efforts to better the condition of their afflicted charge.

From the last paragraph the transition is easy to a suggestion of kindred nature, with which we conclude our arguments in this relation, though others might with facility be adduced if they were called for. The argument to which we advert is involved in a principle which holds good not only with regard to the management of lunatic asylums, but is applicable to all institutions for whatever purpose, and, indeed, constitutes an important law of nature. For a great and inherent principle of creation is found in the unity of design pervading the whole "universe of things." The might and power even of the Deity is evinced in the highest degree in this mode of action. When we survey the animal and vegetable kingdoms, we discover a strict accordance with this law in their structure and spheres of action. For example, how well adapted to the purpose of flying—the chief design, as to motion, of a large majority of the feathered songsters of the grove—are the conjoined characteristics—hollow bones, very expansible lungs, and a nervous pinion, all pointing to the one purpose of flight! Again, in the camel, a denizen of sandy plains, what a remarkable suitableness to its habitat do we discover in its capacity of endurance, the shape of its hoof, and the peculiarity of its stomach in containing a reservoir of water! It were needless to multiply instances, as the principle under consideration is evinced everywhere throughout all the fields of nature. And when we turn to man, and examine his acts and doings, his efforts and his institutions, we find the same ratio to exist as elsewhere in nature, between power on the one hand and simplicity and unity of action

fice it to state, that, as a general rule, writers prefer a separation of the sexes, if, as they say, it is feasible. But we have already pointed out the fact that such a mode of argument is no longer admissible. He who opposes the proposed arrangement must be prepared to defend himself on the assertion of its intrinsic inferiority. Admitting, however, such fancies to stand for what they are worth, we still find the medical world divided as to the matter in question; and this circumstance itself should induce us to lean to the new views, because every one is aware of the prejudices which association weaves about established customs and regulations. In conclusion, we adjoin the unanswerable remarks of Dr. Maximilian Jacobi, whose testimony is a host in favor of any measure whatever:—

“As to the question whether patients of both sexes should be received into the same establishment, although pecuniary considerations in most cases lead to their union, yet I am very decidedly of opinion that, whenever circumstances will permit, such union ought to be avoided. When an establishment is intended for the reception of both sexes, the general difficulty of constructing and arranging the different apartments in such a manner as to secure the attainments of the objects in view, is immeasurably increased, both by the primary considerations relative to the separation of the sexes, and by the secondary, though still important ones relative to the divisions for separating the maniacal and violent patients, so completely as is required, from the rest. The proper location of these patients, in any part of the establishment, so as to prevent them from disturbing the others, has always been a very difficult problem; but when the separation of the sexes requires it to be doubled in the same range of building, the difficulty of its solution is incomparably increased. Embarrassments of a similar nature also occur with respect to appurtenances destined for general use, such as baths and other curative apparatus, gardens, courts, walks, &c. For they must either be made use of by patients of both sexes, under great restrictions, or they must be doubled. Hence scarcely any plan of arranging them can be discovered which is not attended both with great inconvenience and expense, and besides, much greater restraints on the liberty of the patients than would be otherwise necessary; whilst, at the same time, the communication of the male and female patients, which ought in general to be most scrupulously avoided, can never be wholly prevented. In addition to all these inconveniences, another evil of no small magnitude arises from the great number of male and female servants indispensably employed. Intrigues of all sorts are perpetually afloat amongst them, and are productive of much greater injury to the institution than any one would imagine who has not had personal experience of the fact. In reference to the question of expense, which claims particular notice under this head, it is obvious that, when all the requisites in the erection of a new establishment for both sexes are duly considered, no great saving can here accrue, however considerable may be the diminution of the cost in the general administration and the domestic economy.”—*American Journal of Insanity.*

**JOSIAH BARTLETT, M.D., LATE OF STRATHAM, N. H.**

[It will be remembered that on the 6th of May, 1853, in consequence of a number of passenger cars upon the New York and New Haven Railroad being precipitated into the river at Norwalk, Ct., between forty and fifty persons lost their lives. Among this number were seven physicians, members of the American Medical Association, who were on their way homeward after having attended its annual meeting in New York. At the next meeting of the Association suitable notice was taken of the sad catastrophe, and Drs. Joseph M. Smith and Edward L. Beadle were appointed a committee to prepare an account of the matter, with a biographical sketch of the deceased members. They have accomplished the duty assigned them, and by request we re-publish from their printed account a sketch of the life of Dr. Josiah Bartlett.]

Dr. Josiah Bartlett, son of the late Hon. Ezra Bartlett, of Haverhill, N. H., and grandson of Josiah Bartlett, one of the signers of the Declaration of Independence, was born on the 3d of May, 1803, at Warren, of the same State. His father removed to Haverhill in 1812, that the children might receive the benefits of a classical school.

Having completed his academic education, which embraced a liberal course of study and a thorough mastery of it, he began that of medicine with his uncle, Dr. John French, of Bath, N. H., and continued it under the direction and instruction of his father. He obtained his medical diploma at Dartmouth College in 1824, and soon afterwards entered into a partnership with his uncle, the late Hon. Josiah Bartlett, of Stratham, N. H., whose extensive practice he for a long time shared, and the whole of which he eventually received.

He was assiduously devoted to his profession; and the demands upon his time, occasioned by the necessary attentions required in an extensive general practice, were so great as to leave him but few leisure moments for the study of other branches of science than medicine. Yet the extreme favor with which he regarded his own profession in preference to all others, was a sufficient evidence that if time and opportunities for general study had been abundant, he would still have devoted most of his attention to medical research.

He was thoroughly informed on all the fundamental principles of his art, and his reading in general medical literature was known to be extensive. He acquired the habit of perusing treatises of medicine while riding; and thus the many hours of the day spent upon the road, were not lost, as they otherwise would have been.

He creditably filled many offices in the New Hampshire Medical Society, and for a long period was its president. On the occasion of his assuming the responsibility of the chief office, he delivered an address on the history of medicine. He subsequently prepared a memoir of his uncle, Josiah Bartlett, which was read before the Society, and published by its order.

He was elected a delegate to the last convention for revising the Pharmacopœia U. S. A., and repeatedly sent in the same capacity to the American Medical Association. He was also an honorary member of the Rhode Island Medical Society.

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on the other. This conclusion we, of course, consider as altogether applicable to the measure respecting the insane which we have advised above. But, moreover, it may be observed that this principle has long been fully acknowledged in an important question connected with the management of those laboring under mental disease; for, if we investigate the facts bearing on the question whether lunatics should be treated in the same building with the sufferers from other maladies, and with the poor generally in almshouses and receptacles of the kind, we see that experience is entirely in favor of a separation of the poor lunatic from such companionship. Now, it is but an extension of this idea, when we adopt the plan of providing different establishments for the two sexes, for in each case simplicity and unity are the objects sought.

Another consideration, which may, perhaps, be brought forward in support of the plan of different asylums for the two sexes, is, that we might then venture to accommodate larger numbers, comparatively, in each institution. For the principal argument as to accommodating in one establishment but a limited number of the insane is, that a considerable number cannot be properly attended to by one mind, it being assumed that the best government of a lunatic asylum is that of a medical superintendent placed over the whole establishment. But it must be obvious that when we have got rid of the harassing cares attending the management of the two sexes in a single institution, then the number under supervision in each case could doubtless be enlarged with advantage. And further, the general idea involved in the principles of classification could be far more thoroughly and efficiently carried out when, the number of the patients under the two regulations merely remaining the same, we could double our wards under the new policy; according to the proposition which we have advanced, however, of increasing the amount of accommodation, a still greater potency is conferred on the capacity for classification. Again, by the adoption of the proposed alteration, the buildings would be far more simple, would cost less, and prove more efficient, being directed to the one purpose of treatment, instead of having to be so modified as to guard against ridiculous dangers. Apart from other considerations, the last mentioned would enable us, too, the more easily and advantageously to increase the number of the inmates accommodated; and the most prejudiced in behalf of small asylums could not gainsay the idea in question. It happens, then, both from the facility in providing for large numbers, and the unity of design in the buildings, a saving in the cost of institutions will consequently ensue. This alone would probably compensate for any pecuniary loss attending the improvement which is suggested, the advantages of which, however, we are free to confess, are not to be measured by dollars and cents.

Having assigned the principal reasons which, in our opinion, prove the propriety of that change of policy in asylums which has been described above, we proceed to touch lightly upon the ideas and experience of others in this regard. And first, as to the actual experience on the subject. Though, from the two prominent examples of the few asylums in which the new principle has been followed—the Bicêtre and the

Salpêtrière—more important lessons have emanated than perhaps from any other source ; yet we have no design to strengthen our position by any reference to either these or other establishments for the insane, because few great improvements have ever been effected without there having been partial instances of the change proposed for years, indeed for centuries, elsewhere, and yet no grand results ensued until a radical subversion of an old measure was accomplished. Thus, republicanism and the union of confederated republics had been attempted before the American revolution ; and yet, when were there produced such extensive and beneficent effects before our starry constellation of States flashed forth to adorn and guide the present age ? Moreover, whilst it might make little difference what were the peculiar arrangements about an institution for the insane, when only a few principles had been established, and whilst the management at an early period was necessarily rude and unsystematic, there might be a world of difference, and every nicety of arrangement might be demanded, when various important principles had been discovered and enforced ; and hence, for their being carried out fully, various niceties of arrangement would be required.

As respects the idea of carrying into practice the new instead of the old arrangement, there is not the least difficulty, if, hereafter, those advocating the cause of the insane will simply adhere fully to the truth ; for, upon the assumption (now generally supported) that an institution should not contain beyond a comparatively limited number of patients—viz., 200—250, it is evident that, in order to make suitable provision for the unfortunate lunatic, asylums will have to be greatly multiplied. Nor can I believe, now that the good effects of hospital treatment are so widely observed and so extensively recognized, that there will be any backwardness in the public as to doing all which duty requires and compassion urges. In the consequent multiplication of asylums, how easy will it become to separate the sexes ! Many still contend that though they allow this division to be best in some instances, yet it is frequently impracticable, giving as a reason the cost of transportation and other arguments founded upon the idea that the insane can be accommodated but to a limited extent. We contend, on the contrary, that the public mind needs but little more of persuasion to induce the construction of a suitable number of asylums, and therefore such arguments are untenable. As an example, however, of this sophistical mode of reasoning, I quote a few lines from the letter of an eminent physician of this country. He says, “I can readily believe that there would be some convenience and advantage in having the insane of the two sexes in different buildings, and on this account, if it was proposed to build two hospitals in the same section of country, I would recommend that one should be for males and the other for females ; but, as the conveyance of patients for a great distance, when going to a public institution, is a serious evil, I scarcely think the advantages would be sufficient to counterbalance this difficulty, when one institution is in the eastern extremity and the other in the western part of a large State,” &c.

The *laudator temporis acti* is so common that we do not think it necessary to quote the opinion of the past on the present subject ; suf-

fice it to state, that, as a general rule, writers prefer a separation of the sexes, if, as they say, it is feasible. But we have already pointed out the fact that such a mode of argument is no longer admissible. He who opposes the proposed arrangement must be prepared to defend himself on the assertion of its intrinsic inferiority. Admitting, however, such fancies to stand for what they are worth, we still find the medical world divided as to the matter in question; and this circumstance itself should induce us to lean to the new views, because every one is aware of the prejudices which association weaves about established customs and regulations. In conclusion, we adjoin the unanswerable remarks of Dr. Maximilian Jacobi, whose testimony is a host in favor of any measure whatever:—

“As to the question whether patients of both sexes should be received into the same establishment, although pecuniary considerations in most cases lead to their union, yet I am very decidedly of opinion that, whenever circumstances will permit, such union ought to be avoided. When an establishment is intended for the reception of both sexes, the general difficulty of constructing and arranging the different apartments in such a manner as to secure the attainments of the objects in view, is immeasurably increased, both by the primary considerations relative to the separation of the sexes, and by the secondary, though still important ones relative to the divisions for separating the maniacal and violent patients, so completely as is required, from the rest. The proper location of these patients, in any part of the establishment, so as to prevent them from disturbing the others, has always been a very difficult problem; but when the separation of the sexes requires it to be doubled in the same range of building, the difficulty of its solution is incomparably increased. Embarrassments of a similar nature also occur with respect to appurtenances destined for general use, such as baths and other curative apparatus, gardens, courts, walks, &c. For they must either be made use of by patients of both sexes, under great restrictions, or they must be doubled. Hence scarcely any plan of arranging them can be discovered which is not attended both with great inconvenience and expense, and besides, much greater restraints on the liberty of the patients than would be otherwise necessary; whilst, at the same time, the communication of the male and female patients, which ought in general to be most scrupulously avoided, can never be wholly prevented. In addition to all these inconveniences, another evil of no small magnitude arises from the great number of male and female servants indispensably employed. Intrigues of all sorts are perpetually afloat amongst them, and are productive of much greater injury to the institution than any one would imagine who has not had personal experience of the fact. In reference to the question of expense, which claims particular notice under this head, it is obvious that, when all the requisites in the erection of a new establishment for both sexes are duly considered, no great saving can here accrue, however considerable may be the diminution of the cost in the general administration and the domestic economy.”—*American Journal of Insanity.*

**JOSIAH BARTLETT, M.D., LATE OF STRATHAM, N. H.**

[It will be remembered that on the 6th of May, 1853, in consequence of a number of passenger cars upon the New York and New Haven Railroad being precipitated into the river at Norwalk, Ct., between forty and fifty persons lost their lives. Among this number were seven physicians, members of the American Medical Association, who were on their way homeward after having attended its annual meeting in New York. At the next meeting of the Association suitable notice was taken of the sad catastrophe, and Drs. Joseph M. Smith and Edward L. Beadle were appointed a committee to prepare an account of the matter, with a biographical sketch of the deceased members. They have accomplished the duty assigned them, and by request we re-publish from their printed account a sketch of the life of Dr. Josiah Bartlett.]

Dr. Josiah Bartlett, son of the late Hon. Ezra Bartlett, of Haverhill, N. H., and grandson of Josiah Bartlett, one of the signers of the Declaration of Independence, was born on the 3d of May, 1803, at Warren, of the same State. His father removed to Haverhill in 1812, that the children might receive the benefits of a classical school.

Having completed his academic education, which embraced a liberal course of study and a thorough mastery of it, he began that of medicine with his uncle, Dr. John French, of Bath, N. H., and continued it under the direction and instruction of his father. He obtained his medical diploma at Dartmouth College in 1824, and soon afterwards entered into a partnership with his uncle, the late Hon. Josiah Bartlett, of Stratham, N. H., whose extensive practice he for a long time shared, and the whole of which he eventually received.

He was assiduously devoted to his profession; and the demands upon his time, occasioned by the necessary attentions required in an extensive general practice, were so great as to leave him but few leisure moments for the study of other branches of science than medicine. Yet the extreme favor with which he regarded his own profession in preference to all others, was a sufficient evidence that if time and opportunities for general study had been abundant, he would still have devoted most of his attention to medical research.

He was thoroughly informed on all the fundamental principles of his art, and his reading in general medical literature was known to be extensive. He acquired the habit of perusing treatises of medicine while riding; and thus the many hours of the day spent upon the road, were not lost, as they otherwise would have been.

He creditably filled many offices in the New Hampshire Medical Society, and for a long period was its president. On the occasion of his assuming the responsibility of the chief office, he delivered an address on the history of medicine. He subsequently prepared a memoir of his uncle, Josiah Bartlett, which was read before the Society, and published by its order.

He was elected a delegate to the last convention for revising the Pharmacopœia U. S. A., and repeatedly sent in the same capacity to the American Medical Association. He was also an honorary member of the Rhode Island Medical Society.

His principles of action, and his view of the ambition of physicians for eminence in their profession, are distinctly and happily set forth in a single paragraph of the memoir of his uncle, to which allusion has just been made. He says, "That strife which has for its object the victory of talent, industry and skill, is honorable, and calculated to advance the dignity and interest of the profession; but that man who seeks preëminence by calumny and detraction, rather than by self-exertion, deserves, and should receive, the reprobation of the wise and good."

In his living he was strictly temperate, in his habits extremely neat, and in his disposition cheerful and social. To the qualities of a gentleman, a scholar, and a philanthropist, was added the crowning excellence of a devoted Christian. He was a deacon in the Congregational church, and frequently, in the absence of the pastor, conducted the services of the sanctuary.

"How beautiful is genius  
When combined with holiness! How sweet the tones  
Of earthly harp when touched by Piety's  
Soft hand, and hung upon Religion's shrine!"

In the hearts of a dearly beloved and greatly bereaved family, a large circle of cordial friends, and a grateful, admiring and appreciating community, his memory is enshrined.

#### CASE OF ENCEPHALOID DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following is a report of an extraordinary case of encephaloid disease, simulating, in its early stage, *sciatica*; and terminating fatally within seven months from its first indication.

H. P., merchant; aged 46 years; of healthy parentage; no case of malignant disease is known to have prevailed in the family; of lean person, and of nervous temperament; has enjoyed good health, with the exception of neuralgic pains principally affecting the head, but at times erratic. Was seized with all the symptoms of sciatic neuralgia, about the first of last June, after having been engaged for a number of hours daily, superintending workmen in the laying out of his grounds, which were then cold and damp. His family physician was called upon to visit him professionally on the 18th of June; who found him complaining of no indisposition, with the exception of lameness, consequent on the pain, which seemed to originate near the sciatic notch, and followed the course of the nerve on the thigh, and its branches around the foreleg.

Having failed to obtain perfect relief, from the usual course of treatment for rheumatism, or neuralgic sciatica, he was recommended to leave his business for a few weeks, and avail himself of the alterative effects of a journey, and the sulphur waters of New York. About the 18th of July he reached Saratoga, on his way to Sharon, and immediately after was seized with an aggravated increase of former symptoms; yet no apparent change in the character of the case occurred, until within a few days before leaving for home—having remained in Saratoga

seven weeks; then a fulness was observed over the ilium, about five inches posterior to the anterior superior spinous process. This swelling was attended by no very decided pain or soreness, even on pressure. In this state he succeeded in reaching home, Sept. 2d, and from my notebook I transfer the following record of his condition at that time.

"Pulse 110, and soft; respiration, digestion and urination unimpaired; appetite poor; restless and wakeful, requiring at night from 60 to 100 drops of "McMunn's elixir" to procure any sleep; at times troubled with erratic pains in various parts of the limb, but which are easily relieved by local anodynes, and gentle frictions; sweats immoderately during sleep, but at other times the skin feels natural as regards temperature and moisture. There are no exacerbations of fever, neither has there been, during the whole course of disease, any well-marked general symptoms of acute inflammation.

"Much emaciation exists, generally, but especially on the side affected, from the groin downward. The circumference of the right side of the pelvis is about three inches larger than the opposite. A hard swelling can be felt under the edge of the ilium, of an unyielding hardness, while the swelling over the ilium is softer and elastic to the touch. Posterior, to the distance of six inches from the edge of the ilium, nothing abnormal seems to intervene between the bone and the surface.

"Sept. 25th.—Wishing to determine positively the nature of the case, an exploring needle was inserted to the depth of three inches, in two places, into the posterior swelling. It felt like penetrating new cheese, and nothing escaped but blood slightly sanious, and which did not coagulate. The increase of difference of comparative size, at this time, is six inches.

Subsequent to the above record, the disease steadily progressed, without any amelioration from medicine, except what was obtained from anodynes, until he sunk by exhaustion on the 16th December; all the vital functions being but slightly disturbed until a few days before death.

*Post-mortem Examination*, 12 hours after death; present Drs. Dickinson, Field and Weston, of this city. Extreme emaciation; observed the right lower extremity to be five or six inches shorter than the other. After opening the abdomen, by an incision extending from the sternum to pubis, and then by a transverse incision to the usual place of acetabulum, and dissecting back the flap thus formed, an enormous encephaloid tumor was exposed, behind the peritoneum, but pushing that membrane before it until its prelumbar surface occupied the median line of the body. All the normal tissues, including the lumbar and psoas muscles, were obliterated and absorbed in the great morbid mass. The bones of the pelvis seemed to have undergone the same *eremacausis*, for nothing remained of the right side of the pelvis, except a portion of the crest of the ilium, the spine of the pelvis, and the tuberosity of the ischium; and these remains were involved with the tumor, and completely *honeycombed*. The acetabulum having been entirely absorbed, the head of the femur was drawn within the body, and a portion of it, about the size of a half dollar, embracing the insertion of the *ligamentum teres*, was absorbed and carious. The cæcum was forced to

wards the centre of the abdomen ; and the right kidney was thrust upward, and occupied a transverse position to the spine. The neck of the bladder was surrounded with the disease ; but owing, possibly, to its soft consistence, it had not interfered with the calibre of the urinary passage. Indeed, there was no space within the right side of the pelvis, but what was occupied with the morbid growth, to the dislodgement or destruction of every organ naturally belonging to that cavity.

There were found some adhesions of the surface of the liver, as well as that of the descending colon, to the opposite peritoneal surfaces, which were considered to be of long standing, and the result of some former disease.

The nature of the tumor was decidedly *encephaloid* ; it had the color and consistence of the medullary part of the brain ; and when placed on the field of the microscope, it exhibited the angular and caudate cells of that malignant disease. A mass of the disease, sufficient to fill a wash-hand basin, was removed ; and, judging from the weight of that, and from what appeared to remain in the body, the whole must have weighed, at least, fifteen pounds.

The causes which seemed to have invested this case, in its early stage, with more than usual obscurity, were—its locality ; the absence of every known hereditary taint ; the apparent exemption of the patient from any antecedent symptoms of strumous or carcinomatous disease ; and likewise the perfect assimilation of the symptoms of its early stage to those of sciatica. The disease originated, undoubtedly, within the basin of the pelvis, posterior to the peritoneum ; in the neighborhood, and involving in some way, either by contiguity or aggregation, the sciatic nerve. Before the tumor was detected by manual examination, beneath the edge of the ilium, it had absorbed a circular portion of that bone, and forced itself through the opening, thus made, pressing upon the inner surfaces of the gluteal muscles, and exhibiting, by its prominence and elasticity, the appearance of an abscess ; a deception, which, although suspected, was only entirely removed by exploration.

*Bangor, Me., Jan. 8, 1855.*

D. McRuer, M.D.

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#### CASE OF EARLY LIVE BIRTH.

[Communicated for the Boston Medical and Surgical Journal.]

In the Boston Medical and Surgical Journal for Nov. 15, 1854, there is quoted from the Edinburgh Monthly Journal of Medical Science, the case of a fœtus born *alive* in the fourth month of pregnancy, which lived, or manifested signs of vitality, for nearly an hour. I have recently met with a case scarcely less remarkable, and herewith send it to you.

On the 26th of December last, I was called to attend a woman in labor, who had previously miscarried three times. She was in the sixth month of gestation, having last menstruated on the 5th of August. When the fœtus was expelled, pulsation in the cord was strong and regular, and the movements of the child quite lively. The pulsation

ceased in a few minutes, and I then tied and cut the cord, and extracted the placenta without difficulty (there had been very little hemorrhage previous to the birth). The child cried a little, or attempted to, and breathed with a good deal of vigor; moved its limbs, and acted like a great many other feeble, premature children. Not supposing that it would live beyond a few minutes, I neither weighed nor measured it. Its eyes were closed, but mouth was open, and the old nurse who was in attendance subsequently assured me that the child had actually swallowed a little sugar and water. This, of course, I do not vouch for. I had the specimen wrapped up first in cotton batting, then in a flannel petticoat, and laid on a bench by the stove. At my visit next morning, on making some inquiries, I found that the child had actually lived, breathed and moved, occasionally giving utterance to a feeble cry or moan, for ten hours.

I do not know, Messrs. Editors, that this case is of any special practical importance, but it may possibly have hereafter some bearing, in a medico-legal point of view, and I therefore submit the simple statement of the fact while fresh in my memory, that you may make such disposition of it as you may think proper.

W. B. CASEY.

*Middletown, Conn., January, 1855.*

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#### DEATH FROM FRACTURE OF THE INFERIOR MAXILLARY BONE.

[Communicated for the Boston Medical and Surgical Journal.]

On the morning of Thursday, the 30th ult., S. M., a seaman, 43 years of age, much shattered in constitution, while riding upon a load of hay which he was driving, two miles below Rough and Ready, the team took a sudden start, precipitating him from his seat to the ground in front of the forward wheels of the wagon. One of them passed over his head, causing a severe fracture of maxilla inferior; the line of solution commencing about the eighth of an inch to the right of the symphysis, running downward and inward, obliquely, and departing about half an inch from a perpendicular line. My old friend, Dr. Crather, was called upon at Rough and Ready, who adjusted the injury, whereupon he was brought to the house of an acquaintance, half a mile from this place.

Friday morning, the 1st inst., I was called upon to continue the treatment of the case. As a portion of the dressing was ill borne, we changed it, attaching the teeth with dentists' silk, and employing the four-tailed bandage in the usual way. The jaw, however, was the most miserable specimen of osteology we ever saw, to become the subject of fracture. The upper teeth, in toto, save an incisor snag, were wanting, and pieces of cork, though of little avail, were used in their stead. Here let me remark, from outside cases, as well as from a most pertinacious employment in this, of every ordinary mechanical means, to retain the fractured portion of the maxilla in situ, that in such distorted conditions of the mouth, as that referred to above, no mechanical appliance will succeed in causing a cure without deformity, save apparatus like, or on the principle of, that of Lonsdale.

On Saturday, S. M. experienced a severe paroxysm of ague, lasting an hour and a half. Residing in the valley of the Sacramento for many months, he had been subject to chills and fever. For this I administered quinine. Sunday he seemed to be getting along well, and I hoped for a successful issue of the case, intending to use the apparatus of Lonsdale, as soon as there was sufficient abatement of the inflammation and swelling, which was not more than usual. There was entire absence of pain, and little tenderness on pressure of the parts.

Monday, Dec. 4th.—Patient seems to be doing well; no untoward symptoms; pulse a little weak, but regular. Observed some œdema beneath the tongue, which, he remarked, caused slight inconvenience in swallowing. Requested a tube, whereby to obtain drink and nourishment, with which I promised to furnish him, of gum elastic.

Early Tuesday morning the messenger came in town for a coffin, informing me that death had overtaken my patient at 2 o'clock in the morning. I was somewhat startled at this intelligence, and the cause of death interested me; inasmuch as, the day before, he was sitting up, and able to walk across the room. Besides, being a man of good sense, and considerable education, he communicated his symptoms, and made interrogations in relation to his misfortune, the time required for recovery, &c., with facility, in a legible, firm, and steady hand writing. Requesting the companionship of Dr. Wm. McCormack, of this place, we proceeded to the case to make a post-mortem. Incisions were made in the region of the fractured bone, which more fully illustrated the nature of the injury, and demonstrated satisfactorily the cause of death. Constitutional prostration, superinduced by a life of physical abuse, and the long continuance of ague and fever, already fitting the tissues for general effusion, together with the injury done the soft parts by the crushing of the wagon wheel, brought about the fatal event, which in ordinary cases would not have supervened. The soft parts were but slightly bruised, having been protected in some measure by the hand; yet, violence, comparatively slight, produced complete atony in the cervical region of this worn-out man, which no means could resist. The cellular and vascular structures became mere receptaculi of serum. The tongue was enlarged, and, uplifted from its common resting place, was thrust against the roof of the mouth; the glottis swelled; the cellular parts about the throat were distended with fluid; the world of relation was cut off from my poor patient forever; breathing had ceased, and he was no more.

This is the first case of suffocation I have ever known, resulting from fracture of the lower jaw. Had I been warned in time, of the perilous condition of S. M., an *attempt* might have been made to save his life, through an opening in the larynx; though death would doubtless have ensued, under any direction of effort whatever, as the parts were utterly unable to resist the shock. It may be asked, with good reason, why the swelling, cellular effusion or local dropsy, was delayed till the seventh day. We would suggest that the local collapse was so great that reaction eventuated with tardiness, and scarcely at all; and when this did occur, the flood-gates were broken loose; the parts on a sudden were

overwhelmed with fluid, without escape—the propulsive powers of the vessel were lost, and thence the result.

This case forcibly illustrates the fact that, in making up a prognosis as to the consequences of an injury, the constitutional power of resisting the effects of violence is as much, or more, to be taken into consideration, than the extent of the injury which may be done.

CHARLES D. CLEVELAND.

Grass Valley, Cal., Dec. 13th, 1854.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 17, 1855.

*Connecticut Medical Society.*—With the growth and development of the country, institutions, which had a small beginning, expand and assume corresponding importance. Medicine had no elevated standing, in the time of the revolution. It is true there were some excellent surgeons, good practitioners, and their services were in active demand; but schools of medicine were unknown, and societies for collecting statistical information, or for improvement in the healing art, scarcely existed. In a comparatively short period, medical colleges and societies of every grade and character have sprung up. Even in the new states and territories, associations for mutual improvement, or for keeping empiricism at bay, are promptly organized with the settlement of towns. In a word, medical science in the United States is progressive. From nothing, it has become great and influential, and its regularly constituted chartered associations are both numerous and beneficial. Among the number that in New England have attained distinction, is the Connecticut Medical Society, which has reached the venerable age of sixty-two years. It would be a long story to sketch its origin, or portray the good it has accomplished. We must therefore confine ourselves to the report of the transactions of the last anniversary meeting, in May, 1854, which has just reached us. Wm. H. Cogswell, M.D., is president, who has associated with him gentlemen extensively known for their professional attainments. Dr. Nathaniel Dwight read the first dissertation before the society, in 1800, and Wm. B. Casey, M.D., that of 1854. Besides a large amount of local intelligence in regard to medical and other matters in the State, a code of medical ethics, certain acts of the legislature, and a biographical memoir of Archibald Welch, M.D., and of Richard Warner, M.D., are comprised in the pamphlet. To give a completeness to the whole, an essay on diseases of the cervix uteri, by Dr. Casey, closes the eighty-three octavo pages. After-ages would have a plenty of material for constructing an elaborate history of medicine and surgery in North America, if each year furnished such detailed accounts of the labors of every association.

*Hard Times.*—Every trade and profession seems to be joining in the universal chorus of *hard times*. It is always hard in the practice of medicine, and particularly so when patients neglect to pay their bills. In common with others, who feel an unusual business pressure, physicians come in for a share, as there is less to do than usual, and no way of collecting, easily, their past earnings.

*Another Suit for Mal-practice.*—Dr. Wm. H. Thorndike, a young and promising physician of this city, has been subjected to a vexatious suit, for alleged mal-practice. The case is now on trial in one of the Courts of this County, and until it is finished we are unable fully to state its merits. From what we are able to learn in the matter, it appears that a Mr. Rice, a ship carpenter, nearly severed one of his toes by an axe, cutting obliquely through the bones, and leaving only a small attachment of the skin. The Doctor thought proper to amputate it; and according to the testimony of scientific surgeons in this case, it would appear that he acted judiciously. The loss of a single toe cannot be considered a very grave lesion, or a serious deprivation; and if the plaintiff should be awarded damages by a jury, it must be a small sum. At any rate, they will never award *five thousand dollars*, the sum asked for. Our opinion has been often and freely expressed relative to this method of persecuting physicians and surgeons. If such suits are to be vindictively brought against the members of the profession, we shall urge the necessity of some action by the State or National Medical Associations, to protect the profession. We shall look forward with much interest to the result of this trial. It is a long time since a suit for mal-practice was brought against a regular practising physician of this city.

Since the above was in type, the case referred to has been decided by a verdict in favor of the defendant. In addition to this verdict, we are gratified in being able to state that a resolution, signed by each of the jury, was handed by the foreman to the defendant, and read as follows:—

*“Resolved,* That in the opinion of this Jury, Dr. Thorndike exercised the best skill and judgment in the surgical operation in question, and that he is entitled to the entire confidence of the community in the practice of his profession as a surgeon and physician.”

*Bread Making.*—As bread constitutes the principal nutritive element for sustaining life in a large majority of the human family, a word or two respecting the modern methods of manufacturing it, may not be considered out of place in this Journal. Although bread has been used from the remotest periods of antiquity, yet to make it sweet and wholesome may well be considered an art. Scientific principles are involved, which have occupied the attention of able chemists, who have investigated the phenomena attendant upon the changes which the flour undergoes, until it finally becomes bread. Simple as the practice may seem, yet every one cannot succeed, and we venture to say, that there are but very few of the great number of persons who make bread, who are perfectly familiar with the laws or principles by which it should be made. When water and yeast are mixed with flour and formed into what is called dough, a certain change takes place in it, which the chemists have termed *“panary fermentation.”* The gluten of the flour is adhesive, and when in the dough, is easily susceptible of being distended by the carbonic acid gas (which was present in the yeast) into little bubbles or vesicles, which phenomenon constitutes the *rising* of the sponge. Certain degrees of heat hasten the process, by the expansion of the gas in the vesicles; but if the dough is allowed to remain too long in a temperature below that which it would be required to bake it, those vesicles will break down, and the mass passes into a state of acetous fermentation. The heat of the oven arrests the fermentation, and further expands the gas in the vesicles of gluten; they of course stretch, and hence the loaf rises in the pan, and acquires its peculiar porous structure. To a

certain extent, the same results are obtained when an alkali and an acid are made use of, instead of yeast; but there is a great difference in the flavor, and also in the healthy quality of the bread. The use of the bi-carbonate of soda and the bi-tartrate of potash, of alum, and also of lime-water, has been recommended in bread-making. We feel compelled to raise our objections to the common use of these articles, believing them to be at variance with the laws of compatibility with the solids and fluids of the body, and having a tendency to interfere with the functions of the secretory organs. Physicians cannot have failed to notice the great increase of disordered action of the digestive and urinary organs within the past few years. This we believe may be attributed to the incompatible substances made use of in the preparation of food. The method of bread-making which is now adopted in many of our American families, is, to take two tea-spoonsful of cream of tartar, and one of super-carbonate of soda, to every quart of flour: this is wetted, and baked immediately. Now it must be apparent, that very large quantities of those articles (used at such a rate) would be consumed in the course of a year. There would not be so much injury done, by their use, provided they were used in their purest state; but it is generally known, that three fourths of the tartar sold for culinary purposes is adulterated. We have repeatedly detected, when examining it, the presence of sulphate of lime, and alum, in large quantities. It is also a well-known fact, that bakers of bread make use of alum and sulphate of copper to give a white color to the bread and to further excite a powerful action while the dough is in process of fermentation. And quite lately, lime-water has been recommended to be used to correct the acidity of the dough, if it has passed from the vinous to the acetous fermentation. To conclude, we have only to repeat what we have already said, that we firmly believe that soda, cream of tartar, alum and lime, are not suitable substances to be put in quantities into bread; that they produce many of the diseases of the organs before mentioned; and further, that the old-fashion method of rising bread with yeast, and baking it on the brick floor of the oven, produces sweeter, healthier, and a more nutritious article of diet.

*Coughs and Colds.*—At this season, and forward into the spring, coughs, of various degrees of severity, are quite common in New England; and because they are so, they are exceedingly neglected. Some of the worst forms of disease, especially involving the delicate texture of the lungs, might have been obviated, at the commencement, by very simple means. Parents should allow their children perfect freedom in the open air, and inure them to the changes of temperature incident to a northern climate, instead of confining them, like exotic plants in a green-house. Young ladies are not half developed with us, before they become pale, languid, have a pain in the side, and then a cough. Before they have fairly begun to live, they drop into the grave, martyrs to thin shoes, a gossamer dress, and a chest made artificially too narrow for the performance of the vital functions. This is the destiny of the rich man's daughters, to a fearful extent. They are frail as a moonbeam, when they might have been strong and healthful. On the other hand, the servant girls, who range over the house, and are perpetually exercising their muscles, have round, handsome arms, a broad bust, a clear skin, fine health and light hearts. It is a melancholy consideration, that civilization should demand such a multitude of female victims, annually, to the shrine of fashion. In consequence of poor training, and a violation of the

most ordinary laws of health, death has a succession of victories over our youth. One of the first intimations of nature's dislike to the course, is a slight irritable cough, which is language not to be misunderstood. Means of precaution should at once be taken, as inroads upon the little air cells of the breathing apparatus will surely follow, and then an ulceration of their walls, and expectoration, and the last act in the drama of a short life will be an incurable pulmonary consumption. One should therefore dress warmly in winter, should run and ride, as circumstances, pleasure or business may require. Air was designed for breathing, notwithstanding the absurd custom, now too prevalent, of excluding it as much as possible from sleeping apartments and drawing-rooms.

*Mild Weather.*—Thus far the season with us has been unusually mild, and particularly in January. But contrary to the apprehension of those always on the look out for causes of manifest effects, there has been no prevailing epidemic. Fevers are not numerous, nor are there more cases of a typhoid type than common. Smallpox may get the upperhand for a short season, but if the people will be advised by their physicians, a limitation will soon be given to its painful devastations.

*Mechanical Surgery.*—No triumphs are more surprising than those of modern surgery, which accomplishes, by simple mechanical contrivances, what the old school surgeons either did badly or not at all. Americans are exceedingly ingenious in their devices for managing broken bones, keeping up extension, and patching up unfortunate humanity. Whether another truss is ever to be invented, is a problem, since the variety already patented outnumber the stars. Splints, bandages, dental apparatus, and contrivances for incised tendons, are nowhere more successfully prepared than in the United States. This is not said boastingly, but as a plain statement of the truth.

*Mesmerism—Important.*—A novel case has just been decided in New York, which involves a curiosity in medico-jurisprudence. A mesmeric physician sued a husband for services rendered the wife in his absence. The Supreme Court says that the law does not recognize the dreams, visions or revelations of a woman in a mesmeric sleep as necessities for a wife, for which the husband, without his consent, can be made to pay. These are fancy articles, which those who have money of their own to dispose of may purchase, if they think proper; but they are not necessities, known to the law, for which the wife can pledge the credit of her absent husband. The law does not seem to have much respect for mesmerism and spirit-rapping as sciences.—*New York Medical Times.*

*Medical Men for Emigrant Ships.*—By the 15th and 16th Vic., cap. XLIV. sec. 38, every passenger ship is bound to carry a *duty qualified* medical practitioner, in the following cases:—1. When the duration of a voyage exceeds in a sailer 80 days, and in a steamer 45 days, and the number of persons on board (including crew) exceeds 50. 2. When the voyage is to North America, and the passengers exceed 100 adults, and the space for each is less than 14 feet. 3. When, whatever the destination or the space,

the number of persons on board exceeds 500. Penalty, £50. But by the merchant shipping act (1854) clause 219, to come into operation 1st January, 1855, it is provided that the following ships shall carry on board, as part of their complement, some person duly authorized by law to practise as physician, surgeon or apothecary:—1. Every foreign-going ship having 100 persons or upward on board. 2. Every ship having 50 persons or upward on board, which is bound on a voyage from the United Kingdom to the eastward of the Cape of Good Hope, or to the westward of Cape Horn, or to any place on the west coast of Africa, or the east coast of Central or South America, or to the Falkland Islands. Penalty, £100.—*Medical (Montreal) Chronicle*.

*Delirium Tremens in a Child*.—An Iowa paper relates a fatal case of delirium tremens in a child 4 years old. The little reprobate is said to have been a common drunkard. On the 18th ult, his father, who had been fishing, gave the child a bottle of whiskey to carry, of which he drank too much and was taken very sick. Nervous twitchings, convulsions and delirium soon came on, and in twelve hours proved fatal. It was a terrible sight to see the little fellow screaming at, and jumping from the snakes, he thought he saw.—*St. Louis Medical and Surgical Journal*.

*Opiate Inhalations*.—Take two grains of powdered opium and as much sugar—an equal quantity of gum benzoin may be added if desired—heat a fire-shovel to a temperature a little short of a red heat, and sprinkle the powder slowly upon the hot shovel held beneath the patient's nose. The fumes may be freely inhaled through both mouth and nose. This treatment is said to afford prompt relief in coryza, with pain in the frontal sinus, and has been successfully used in various neuralgic pains of the frontal, temporal and zygomatic regions, whether of an idiopathic or symptomatic character. In general, however, these affections are complicated with periodicity, and are not likely to subside permanently, without recourse to the anti-periodic treatment.—*Memphis Medical Recorder*.

*Medical Miscellany*.—Forty-five persons died within the United States during the past year who had attained the age of 100 years and upwards, eighteen of whom were males, and twenty-seven females.—We learn that Dr. Joseph H. Smith, of Dover, N. H., has been appointed by the Secretary of the Treasury, special examiner of drugs, medicines, chemicals, &c., for the Port of Boston, *vice* Charles H. Peirce, removed.

TO CORRESPONDENTS.—Communications are on file from Drs. Bates, Waterhouse, Alcott and Page, and from our friend Lamoille, which will receive early attention.

DIED.—At Perth Amboy, N. J., Dr. Nathaniel Peabody, formerly of Salem, in his 81st year. —In Baltimore, Dr. George H. Gallup, of this city, formerly of Demarara.

*Deaths in Boston* for the week ending Saturday noon, Jan. 13th, 69. Males, 38—females, 31.

Accident, 4—apoplexy, 3—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 16—convulsions, 3—croup, 5—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 3—puerperal, 1—epilepsy, 1—typhus fever, 1—scarlet fever, 2—disease of the heart, 1—inflammation of the lungs, 6—hemorrhage of the lungs, 1—disease of the liver, 1—old age, 3—suicide, 1—scrofula, 1—smallpox, 4—stricture, 1—teething, 2.

Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 11—above 60 years, 6. Born in the United States, 44—British Provinces, 1—Ireland, 13—England, 1—Scotland, 1—Germany and North of Europe, 3—Western Islands, 1.

*Gum Mezquite as a Substitute for Gum Arabic.*—By GEORGE G. SHUMARD, M.D.—Fort Smith, Ark.—This gum (for which I propose the name of *Gum Mezquite*), is believed to occur in inexhaustible quantities, and will no doubt hereafter prove a valuable source of revenue to the State of Texas, New Mexico, and the adjacent Indian territory. besides affording employment to the different tribes of Indians now roving upon the plains, many of whom would no doubt be glad to gather and deliver it to the different frontier posts for a very small compensation.

The *Mezquite Tree*, from which the gum is obtained, is by far the most abundant tree of the plains, covering thousands of miles of surface, and always flourishes most luxuriantly in elevated and dry regions. The gum exudes spontaneously in a semi-fluid state from the bark of the trunk and branches, and soon hardens by exposure to the atmosphere, forming more or less rounded and variously colored masses, weighing each from a few grains to several ounces. These soon bleach and whiten upon exposure to the light of the sun, finally becoming nearly colorless, semi-transparent, and often filled with minute fissures. Specimens collected from the trunks of the trees were generally found to be less pure and more highly colored than when obtained from the branches. The gum may be collected during the months of July, August and September, but the most favorable period for that purpose is in the latter part of August, when it may be obtained in the greatest abundance and with but little trouble. The quantity yielded by each tree varies from an ounce to three pounds, but incisions made in the bark not only greatly facilitate its exudations but cause the tree to yield a much greater amount. As it is, a good collector would probably be able to gather from ten to twenty pounds in a day; were incisions resorted to, probably double the amount might be obtained.—*Western Med. Journal.*

*Adulteration of Food and Drugs.*—A meeting of medical and scientific-gentlemen was recently held, at Birmingham, to consider what measures should be adopted by the Legislature, to prevent the adulteration of food and drugs. The chair was filled by Mr. Scholefield, M. P., who described the progress of the movement for diminishing, if not of entirely eradicating the great evil of adulteration; and stated his intention of moving, early in the next session of Parliament, for a select committee on the subject. The Hon. gentleman at some length pointed out the practices of bakers and others in the adulteration of flour and other articles of food, and the way in which guano and other commodities were rendered worthless by the admixture of deleterious and cheap ingredients. Mr. Postgate stated the results of the analyses he had made of flour, milk, &c., and the danger which arose from adulteration. A discussion followed, in which the statements were corroborated by several gentlemen. After a vote of thanks to the chairman, the meeting separated.—*London Lancet.*

*A Radio-ulnar Ligament lately Discovered.*—M. Denucé, in a thesis "On the Luxations of the Elbow-joint," lately published, mentions, amongst other things, that near the annular ligament, in which plays the head of the radius, he has, by his dissections, discovered another ligament of about four lines square, inserted, on the one side, upon the neck of the radius, and, on the other, upon the inferior margin of the lesser sigmoid cavity of the ulna. He calls it, *ligamentum quadratum radio-ulnare*; it is supposed to limit the movements of pronation and supination.—*London Lancet.*